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100368

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

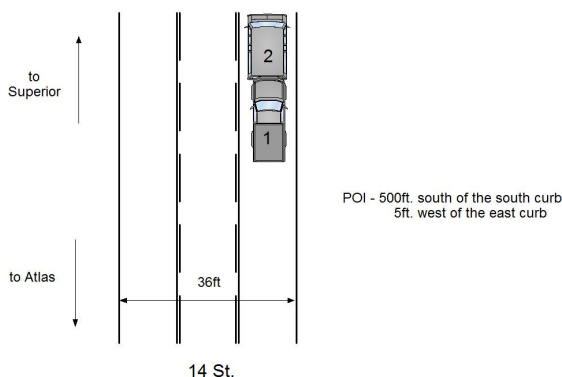
| | | | | | | |
|--|--|---|---|--|--|--|
| 2 | Total Number of Vehicles | Local No./ District 129 | Agency Case No. B6-046924 | HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO | INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO | L 1 |
| A/1 01 | DATE OF ACCIDENT | M M / D D / Y Y Y Y S M T W T H F S 05/28/2016 | | (In Military Time) TIME OF ACCIDENT 1427 | STATE USE ONLY | |
| A/2 | PLACE OF ACCIDENT | COUNTY Lancaster | CITY Lincoln | POLICE NOTIFIED 1429 | 05/29/2016 | |
| B 73 | ROAD ON WHICH ACCIDENT OCCURRED | STREET/ HIGHWAY NO. 14 St. | | PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO | LATITUDE | |
| C 1 | DISTANCE FROM MILEPOST | FEET | N S E W OF MILEPOST | HIGHWAY NO. | LONGITUDE | |
| D 1 | IF AT INTERSECTION | | | IF NOT AT INTERSECTION | | |
| NAME OF INTERSECTING ROADWAY | | | <input checked="" type="radio"/> FEET <input type="radio"/> MILES | N S E W | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING | |
| | | | 500.00 | X | Superior St. | |
| V1/M 10 | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN | | | | | |
| V2/M 20 | MILES | N S E W | AND MILES | N S E W | OF NEAREST CITY OR TOWN | |
| E 1 | R. WORK ZONE CODES | R1 R2 R3 R4 | S. PEDESTRIAN CLASSIFICATION CODES | S1 S2 S3 S4 S5-a S5-b S6-a S6-b | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO | |
| VEHICLE NO. 1 | | | | | | |
| F 1 | DRIVER LICENSE NO. | H12249312 | | STATE (Of License) | NE | SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE |
| V1/N 1 | DRIVER | STEVEN P NICHOLSON | | PHONE | 525-4472 | |
| V2/N 1 | DRIVER ADDRESS | CITY, STATE, ZIP | | DATE OF BIRTH (MM / DD / YYYY) | 06/07/1978 | |
| G 2 | OWNER | STEVEN NICHOLSON | | PHONE | 525-4472 | |
| H 4 | OWNER ADDRESS | CITY, STATE, ZIP | | CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO | CITATION NO. LB516017 | |
| V1/O 3 | LICENSE PLATE NO. | RUI439 | | YEAR (Plate Expires) | 2016 | STATE (Of Plate) NE |
| V2/O 3 | VEHICLE | 2005 | Chevrolet | SK1 | Pickup truck | white |
| I 1 | VEHICLE ID NO. (VIN) | 1GCEK19Z45Z159288 | | INSURANCE COMPANY | Shelter Mutual | |
| J 01 | TOWED TO | B&D Auto Repair | | TOWED BY | Capitol Towing | |
| K 01 | TOWED TO | 700 R St. | | TOWED BY | Capitol Towing | |
| Complete this section for all injured persons (Complete a continuation report, if more than three were injured) | | | | DATE OF BIRTH (MM / DD / YYYY) | 1 Seat Position | 2 Eject |
| VEH. # | NAME | ADDRESS | | | 3 Body Region | 4 Injury Sev. |
| | LOCAL NO. | MEDICAL FACILITY NAME | | EMS SERVICE NAME | 5 Trans. | SEX M F |
| VEH. # | NAME | ADDRESS | | | | |
| | LOCAL NO. | MEDICAL FACILITY NAME | | EMS SERVICE NAME | | |
| VEH. # | NAME | ADDRESS | | | | |
| | LOCAL NO. | MEDICAL FACILITY NAME | | EMS SERVICE NAME | | |

Indicate North by Arrow

AGENCY CASE NO.
B6-046924



Not To Scale



D#1 stated he was n/b on 14 St. D#1 he got something in his and looked away from the road. D#1 stated the front of his vehicle then struck the back of parked V#2. V#2 is a US Postal vehicle and was parked in the traffic lane while the carrier was performing her duties, hazard lights were activated.

| | | | | | |
|-----------------------------------|---|---|---------|---|------------------------|
| PROPERTY | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE |
| | plants and grass | Ted Triplett 4420 N 14 St., Lincoln, NE 68521 | | 310-9024 | \$ 200 |
| WITNESSES | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE |
| | | | | | \$ |
| WITNESSES | NAME | | | ADDRESS | |
| | Kelly Cramer 4420 N 14 St., Lincoln, NE 68521 | | | | |
| WITNESSES | NAME | | | ADDRESS | |
| | | | | | |
| VEHICLE MOVEMENT BEFORE COLLISION | | POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle) | | AIRBAG DEPLOYED VEHICLE 1 | |
| VEH NO. | N | S | E | W | ROAD OR HIGHWAY NAME |
| 1 | X | | | | 14 St. |
| 2 | X | | | | 14 St. |
| 1 | 01 | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>06 Turning left</p> <p>07 Making U-turn</p> <p>08 Entering traffic lane</p> <p>09 Leaving traffic lane</p> <p>10 Parked</p> <p>11 Slowing or stopped in traffic</p> <p>12 Other</p> <p>13 Unknown</p> </div> <div style="width: 45%; text-align: center;"> <p>00 None</p> <p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>06</p> <p>07</p> <p>08</p> </div> </div> | | | |
| 2 | 10 | | | | |
| VEHICLE 1 | | VEHICLE 2 | | VEHICLE 1 | |
| POINT OF IMPACT | 01 | POINT OF IMPACT | 05 | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 Deployed - front</p> <p>2 Deployed - side</p> <p>3 Deployed - both front/side</p> <p>4 Not deployed</p> <p>5 Not applicable/ No airbag available</p> <p>6 Unknown</p> </div> <div style="width: 45%; text-align: center;"> <p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>06</p> <p>07</p> <p>08</p> </div> </div> | |
| MOST DAMAGED AREA | 01 | MOST DAMAGED AREA | 05 | | |
| VEHICLE 1 | | VEHICLE 2 | | VEHICLE 1 | |
| POINT OF IMPACT | | POINT OF IMPACT | | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 None used - vehicle occupant</p> <p>2 Lap & shoulder belt used</p> <p>3 Shoulder belt only used</p> <p>4 Lap belt only used</p> <p>5 Child safety seat used</p> <p>6 Child booster seat used</p> <p>7 DOT approved helmet used</p> <p>8 Costume helmet used</p> <p>9 Restraint use unknown</p> </div> <div style="width: 45%; text-align: center;"> <p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>06</p> <p>07</p> <p>08</p> </div> </div> | |
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